

K - 12 Antigen Reporting Guidance



Antigen Testing Results

Please enter Facility Information (and Ordering Provider Information) first. Enter the first tested individual below and then use the "Add Individual" button at the bottom of the screen to add more records. All individuals tested, regardless of result, MUST be entered. When the list is complete, click Submit.

Facility Information

* = Mandatory/Required

Organization Type:*

School

Organization ID # (i.e. District Code):

39140

Building ID # (i.e. School Entity Code):

06396

Facility Name:*

Portage West Middle School - STUDENTS

Facility Street Address:*

71745 Moors Bridge Rd

City:*

Portage

Zip Code: 5 digit (XXXXX)*

49024

Phone: (XXX-XXX-XXXX)*

555-555-555

Test Information

Testing Date:*

Feb 25, 2021

Test Type:*

BinaxNOW

Ordering Provider Information

Provider First Name:

ENTER FIRST NAME OF CAMPUS PROVIDER

Provider Last Name:

ENTER LAST NAME OF CAMPUS PROVIDER

Provider Affiliation (or "Standing Order"):

IF NO PROVIDER ENTER 'STANDING ORDER'

In the facility name please write [SCHOOL NAME] – 'Entity Type'

Ex., Portage West Middle School – Wrestling

Ex., Portage West Middle School – Students

Ex., Portage West Middle School – Educators

These numbers can be found in the [CEPI – EEM](#)

Enter the date of testing and the type of test using (BinaxNOW)

If you have a provider associated with your school, you can report their first and last name. If you do not you can enter 'Standing Order'

Individual Information

Enter a unique ID for each person testing. This should be the same week after week.

Complete the remainder of the demographic information, below....

You must report ALL positive and negative results each week!

Individual 1

Individual ID #: (i.e. Employee or Student #)*

ENTER UNIQUE NUMBER

First Name:*

Jane

Middle Name:

Last Name:*

Doe

Date of Birth:*

Feb 26, 2004

☐

Same as Facility:

Note: Only select if the individual resides at the facility entered above

Home Address:*

1234 Main Street

City:*

Kalamazoo

Zip Code: 5 digit (XXXXX)*

4006

Phone: (XXX-XXX-XXXX)*

555-555-5555

Sex:*

F

Race:*

Black/African American

Ethnicity: Hispanic/Latino:*

Non-Hispanic/Latino

Ethnicity: Arab/Middle Eastern:*

Non-Arab/Middle Eastern

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):*

No

Card Number (i.e. lot code on card's wrapper):*

555555

Test Results:*

Negative

Remove Individual

Need to add another individual?

Add Individual

Submit

Note: If you don't see a confirmation after clicking "Submit", please scroll up and enter missing information as highlighted.